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<i>(</i>		Attorney Docket N	<u>lumber</u>	801001	
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		First Named Inven		Jeffrey P. Szmanda	
		COMPLETE IF KNOWN			
		Application Number	r		
X Declaration	Declaration	Filing Date	1 0/17	/01 10-18-0	1 ges
Submitted OR	Submitted after Initial Filing (surcharge	Group Art Unit			
with Initial Filing	(37 CFR 1.16 (e)) required)	Examiner Name			
As a below named inventor, I her	eby declare that:				
My residence, mailing address, and		pelow next to my name.			
I believe I am the original, first and	sole inventor (if only one n	ame is listed below) or a	n original,	first and joint invento	or (if plural
names are listed below) of the subj				on the invention entiti	leu.
A Method of Retrieving Adv	enising information a	nd Use of the Metri	Ju		
	(Title of the	Invention)			
the specification of which					
X is attached hereto					
OR					:
was filed on (MM/DD/YYYY)		as United State	es Applica	tion Number or PCT I	International
Application Number and was amended on (MM/DD/YYYY) (if applicable).					
Application Number	and was and	Silded Off (MINIPED) 1111.	′	-] (,
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as					
amended by any amendment specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which design becomes one province for international application, which design becomes control of the control					
or plant breeder's rights certificate(s), or sold, or any PCT international below, by checking the box, any foreign application for than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the					
application on which priority is claimed.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claim		NO NO
Additional foreign application	numbers are listed on a su	upplemental priority data	sheet PT	O/SB/02B attached h	ereto:

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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Country	lephone		Fax	
I hereby declare that all statements made herein of my are believed to be true; and further that these statemer made are punishable by fine or imprisonment, or both, validity of the application or any patent issued thereon.	nts were made with t	he knowledge that willful t	false statements and the like so	
NAME OF SOLE OR FIRST INVENTOR :	A petition ha	s been filed for this un	signed inventor	
Chara Name		- " " Campondo		
Given Name Jeffrey P. (first and middle [if any])		Family Name Szmanda or Surname		
<u> </u>				
Inventor's Signature	0.		Date /0 -/9-0/	
Signature Arin to	<u> </u>		Date /0-/8-0/	
V Residence: City Milwaukee	State WI	Country U. S. A.	Citizenship U. S. A.	
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2000 0 044 04				
Mailing Address 3808 S. 24th Street			<u> </u>	
City Milwaukee	State WI	z _{IP} 53221	Country U. S. A	
OILY .	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
NAME OF SECOND INVENTOR:	A petition has	been filed for this unsi	gned inventor	
Given Name	ļ,	amily Name		
(first and middle [if any])	1	r Surname	,	
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
nesidence. Oily	State	Country	Citizenanip	
Mailing Address				
City	State	ZIP	Country	
Additional inventors are being named on thes	upplemental Addition	al Inventor(s) sheet(s) PTO	/SB/02A attached hereto.	

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PTO/SB/81 (02-01) Approved for use through 10/31/2002. OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		
Filing Date	10-18-01	20
First Named Inventor	Jeffrey P. Szmanda	
Title		
Group Art Unit		
Examiner Name		
Attorney Docket Number	801001	

Practitioners at Customer Number OR Name Charles R. Szmanda Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Signature Signature Signature Date NAME Registration Number Registration Number Assignee of record of the entire interest or their representative(s) are required. Submit multiple NOTE: Signatures Practitioners at Customer Number Name Registration Number Registration Number Assignee of record of the entire interest or their representative(s) are required. Submit multiple NOTE: Signatures Date NOTE: Signatures Note of Registration Number Registration Number Registration Number Registration Number Registration Number Assignee of to transact all business of all the first part and to transact all business of all the first part and to transact all business of all the first part and to transact all business of all the first part and to transact all business of all the first part and to transact all business of all the first part and to transact all business of all the first part and to transact all business of all the first part and to transact all business of all the first part and to transact all business of all the first part and to transact all business of all the first part and to transact all business of all the first part and to transact all business of all the first part and to transact all business part	I hereby appoint:				7
Name Registration Number Charles R. Szmanda 48,618 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. Place Customer Number. Place Customer Number Bar Code Label here Firm or Individual Name Address Address City State Zip Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Jeffrey P. Szmanda Signature Date	Practitioners at Cu	ustomer Number		► Number Sear Code	
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Name Signature Date Jeffrey P. Szmanda O-/8-8/					
Signature Date 10-18-81		SIGNATURE of Applicant or Assig	nee of Record		
Signature Date Date	Name Jeffrey P	P. Szmanda			
Date // 10-18-81		. 2			
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forms if more than one signature is required, see below*.			or men represer	mauve(s) are required. Submit n	numpie
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